

Table 1. Regimen Options for Treatment

Option	Indication	Total Duration (Weeks)	Initial Phase		Continuation Phase		Comments
			Drugs	Interval and Duration	Drugs	Interval and Duration	
1	Pulmonary and extrapulmonary TB in adults and children	24	INH RIF PZA EMB or SM	Daily for 8 weeks	INH RIF	Daily or 2 or 3 times / week ¹ for 16 weeks ²	EMB or SM should be continued until susceptibility to INH and RIF is demonstrated. In areas where primary INH resistance <4%, EMB or SM may not be necessary for patients with no individual risk factors for drug resistance.
2	Pulmonary and extrapulmonary TB in adults and children	24	INH RIF PZA EMB or SM	Daily for 2 weeks and then 2 times / week ¹ for 6 weeks	INH RIF	2 times / week ¹ for 16 weeks ²	Regimen should be directly observed. After the initial phase, continue EMB or SM until susceptibility to INH and RIF is demonstrated, unless drug resistance is unlikely.
3	Pulmonary and extrapulmonary TB in adults and children	24	INH RIF PZA EMB or SM	3 times / week ¹ for 6 months ²			Regimen should be directly observed. Continue all four drugs for 6 months. ³ This regimen has been shown to be effective for INH-resistant TB.
4	Smear - and culture-negative pulmonary TB in adults	16	INH RIF PZA EMB or SM	Follow option 1, 2, or 3 for 8 weeks	INH RIF PZA EMB or SM	Daily or 2 or 3 times / week ¹ for 8 weeks	Continue all four drugs for 4 months. If drug resistance is unlikely (primary INH resistance <4% and patient has no individual risk factors for drug resistance), EMB or SM may not be necessary and PZA may be discontinued after 2 months.
5	Pulmonary and extrapulmonary TB in adults and children when PZA is contraindicated	36	INH RIF EMB or SM ⁴	Daily for 4 – 8 weeks	INH RIF	Daily or 2 times / week ¹ for 24 weeks ²	EMB or SM should be continued until susceptibility to INH and RIF is demonstrated. In areas where primary INH resistance <4%, EMB or SM may not be necessary for patients with no individual risk factors for drug resistance.

Note. For all patients, if susceptibility results show resistance to any of the first-line drugs or if the patient remains symptomatic or smear or culture positive after 3 months, consult a TB medical expert.

¹ DOT should be used with all regimens administered two or three times weekly.

² For infants and children with miliary TB, bone and joint TB, or TB meningitis, treatment should last at least 12 months. For adults with these forms of extrapulmonary TB, response to therapy should be monitored closely. If response is slow or suboptimal, treatment may be prolonged as judged on a case-by-case basis.

³ There is some evidence that SM may be discontinued after 4 months if the isolate is susceptible to all drugs.

⁴ Avoid SM for pregnant women because of the risk of ototoxicity to the fetus.